Interim Report of the Commission of Inquiry Into the Non-Medical Use of Drugs

(Some highlights from Chapter Six of the report.)

General Attitude Toward Non-Medical Drug Use

Page 420, Paragraph 390

We cannot say that any and all non-medical use of psychotropic drugs is to be condemned in principle, the potential for harm of non-medical drug use as a whole is such that it must be regarded, on balance, as a phenomenon to be controlled. The extent to which any particular drug use is to be deemed to be undesirable will depend upon its relative potential for harm, both personal and social.

REASONING

Page 420, Paragraph 390

By personal harm, we mean the adverse physiological or psychological effect of the drug upon the user; by social harm we mean the general adverse effects of non-medical drug use upon society . . . Many have expressed concern that non-medical drug use, if allowed to increase and spread unchecked, will result in a general impairment of individual economic and social utility — an undermining of the will and capacity for our society.

Page 423, Paragraph 392

The Effects of the Drugs. In terms of short-term public policy decision, the drugs which call for special comment at this time are cannabis, and the other hallucinogens (particularly LSD), and the amphetamines.

Page 425, Paragraph 393

Cannabis. We use cannabis here to refer chiefly to marihuana, hashish, cannabis extracts, and the active principles of these materials, such as tetrahydro-cannabinol (THC).

Page 430, Paragraph 395

The Proper Classification of Cannabis

On the question of legal classification we agree with the Canadian Medical Association's suggestion that it has greatest affinity with the restricted drugs in Schedule J of Part IV of The Food and Drugs Act. We shall have more to say on this point in our interim recommendations for changes in the law.

REASONING

Page 430, Paragraph 395

There is universal agreement that cannabis is not a narcotic and should not be classified legally with the opiate narcotics.

Page 430 & 431, Paragraph 395

Short-Term Physical Effects. After centuries of use in a great number of countries, and extensive opportunities for clinical observation, the short-term physical effects of cannabis which have been brought to the attention of trained observers and mankind in general are relatively insignificant.

Page 434, Paragraph 398

Effect on Cognitive Functions & Psychomotor Abilities

Existing scientific knowledge and opinion concerning the effects of cannabis on cognitive functions and psychomotor abilities is not of such an order as can be relied on at this time for purposes of public policy decision-making.

REASONING

Page 433, Paragraph 398

The most important issue concerning the short-term effects of cannabis would appear to be its effect on cognitive functions and psychomotor abilities—those capacities which affect learning, performance in an occupation, the operation of machinery and similar activity having significant social consequences.

Page 434, Paragraph 398

This issue is of particular importance with respect to cannabis at this time because (a) it is generally agreed that one cannot tell if another person is 'high' on cannabis unless he tells you, and (b) as yet, no simple means has been devised for detecting the presence and dose level of cannabis in the blood although there is optimism that scientists will develop such techniques shortly.

Page 438, Paragraph 399

Long-term effects. There is hardly any reliable information applicable to North American conditions concerning the long-term effects of cannabis. Because of the likelihood of significant differences in the many variables determining drug effects (physiological and psychological condition of subjects; conditions of nutrition, sanitation, climate and the like; potency, dose levels and frequency of use, as well as other drug use) the results of studies in other countries are of highly questionable applicability to North American conditions. Much further investigation is required to determine the extent to which the experience in other countries with cannabis might be utilized by properly controlled retrospective studies to yield results that would have relevance for North America.

Page 444, Paragraph 400

LSD

The Problem of Knowing What

is Being Referred to. LSD, which stands for d-lysergic acid diethylamide-25 and, in the idiom of the user, is usually referred to as 'acid', has been studied widely by pharmacologists, psychiatrists and psychologists since the startling psychotropic properties of this synthetic drug were accidentally discovered by the Swiss pharmacologist, Hofmann in 1943.

Since 1963 the Canadian Government has controlled the distribution of LSD, making it available only for scientific and medical purposes, and in 1969 possession of LSD without authorization was made a criminal offence.

Page 446, Paragraph 401

The Proper Classification of LSD. LSD belongs clearly in the category of psychedelic-hallucinogen drugs. It may, in fact, be considered to most characteristic representation of this drug class.

Page 446, Paragraph 402

Short-term Physical Effects. The most important effects of LSD manifest themselves in the psychological sphere. Physical effects of the drug are less pronounced and occur mainly in the early phases of an LSD reaction, when the drug produces a stimulating effect on many automatic nervous functions.

Page 447, Paragraph 402

A few years ago, a possible adverse effect of LSD on human chromosomes was described. Studies to test this finding have yielded conflicting results.

However, due to the seriousness of the possible consequences if such damage should occur, research in this area must continue . . . Furthermore, there is evidence that large doses of LSD, injected during pregnancy can produce deformities in the offspring in certain strains of rodent but not in others. Although such effects have not been clearly demonstrated in humans the possibility must be given careful consideration.

Page 448, Paragraph 403

Short-term Psychological Effects. LSD, like all drugs classified in the psychedelic-hallucinogenic category, disorganizes normal mental activity.

Page 452, Paragraph 404

Long-term Effects. Statistical evidence for the incidence of lasting effects of self-administered LSD on the personality structure is still very sketchy, but there is perhaps more clinical support for the unfavorable than for the favorable changes.

On balance, it may be concluded that the significant incidence of very serious unfavorable effects, coupled with the impossibility of predicting or effectively controlling the effects of self-administered LSD, constitute, at present serious potential dangers.

Amphetamines

Page 453, Paragraph 405

The Problem of Knowing What is Being Referred to. The quality and potency of the drugs sold as amphetamines ('speed') on the illicit market, are apparently less variable than are those of cannabis or LSD. Amphetamines have been in wide medical use for more than thirty years and are legally produced in large quantities by the pharmaceutical industries. Thus, the problems of illegal production and quality control which beset cannabis and LSD are much less in evidence with the amphetamines.

Page 454, Paragraph 405

It is important to keep these different forms of amphetamines or 'speed' in mind:

(1) Pure prescription amphetamines (e.g. Dexedrine*) or closely related drugs e.g. Ritalin*).

(2) Prescription amphetamines in combination drugs (e.g. 'diet pills').

(3) Illegally produced and distributed amphetamines (e.g. methamphetamine) in tablet or powdered form.

Page 455, Paragraph 406

The Proper Classification of Amphetamines. Amphetamines and drugs with amphetamine-like effects are generally classified in the pharmacological category of antidepressants.

Page 456, Paragraph 407

Short-term Physical Effects. Moderate doses produce EEG signs of electro-physiological arousal of the central nervous system and peripheral effects indicative of activation of the sympathetic adrenalin-like part of the autonomous nervous system, which manifest themselves as increased pulse rate, increased blood pressure, dilatation of the pupil and some relaxation of smooth muscle (e.g. in the gastro-intestinal tract).

Page 456, Paragraph 408

Short-term Psychological Effects. Typical short-term psychological effects are a feeling of increased energy, drive and initiative, often leading to an awareness of greater vitality and heightened self-confidence, and this often resulting in a mood change in the direction of euphoria.

Page 457, Paragraph 408

It should be noted, however, that these effects occur by no means regularly in everyone exposed to the drug.

A person's judgment is, as a rule, not affected by moderate doses of amphetamines, but when high doses are administered, as by the 'speed' user, judgment may be greatly impaired. Also, with higher doses, it becomes increasingly difficult for the subject to concentrate, and thus a marked deterioration of cognitive functioning might result.

Page 458, Paragraph 408

With extremely high doses of amphetamines, which the 'speed' user might employ (up to 1000 times the therapeutic dose) all mental activity loses its focus, concentration becomes impaired, all critical faculties are seriously reduced and the person's judgment becomes blurred. Psychomotor coordination suffers, as well, once this state has been reached, and emotional control is often lost.

Page 458, Paragraph 409

Long-term effects. If moderate doses of amphetamines, such as are prescribed for medical purposes, are taken over long periods of time, three different categories of outcome may be observed:

(1) No adverse effects may occur, and the person for whom the drug was prescribed or who took it without medical authorization, but in moderate doses, may go on for months or even years, taking the

same dose regularly and suffering no ill effects from it.

(2) More frequently, however, a person who has started taking an amphetamine, with or without medical prescription, becomes dependent, not only on the therapeutic effects for which the drug has been taken originally (e.g. a reduction of appetitie, to facilitate weight loss), but even more so, on its 'fringe benefits' such as the feelings of euphoria and increased energy produced by the drug. Tolerance to these particular effects of the amphetamines develops rapidly in most people, with the result that they are inclined to increase their doses.

Page 460, Paragraph 409

A number of highly undesirable effects can occur which are the result of the prolonged ingestion of doses of amphetamines which are considerably higher than those with which they started.

These new undesirable effects consist primarily of insomnia, loss of appetite and general nervousness, which often make it necessary for the person thus affected to take gradually increasing doses of sedatives, setting up in this way, a vicious cycle of forced stimulation and sedation—of ups and downs—which greatly disrupts his normal rhythm of functioning. If continued for several months, this pattern often results in general debilitation and exhaustion and might finally lead to a psychotic breakdown. At this stage, the chronic amphetamine user has become irresponsible, expresses delusions of persecution and requires treatment and hospitalization for mental illness.

There is, unfortunately, no reliable way of predicting which persons will fall into the first category and be able to take amphetamines regularly without increasing their dose (and thus with relative impunity) and which persons will become dependent on the drug, develop tolerance, increase dose and then invariably suffer effects destructive to their physical and mental health.

Page 461, Paragraph 409

The third category of amphetamine users is constituted of 'speed freaks', usually young persons, who most often inject intravenously extremely large quantities of the drug.

To this date there is little evidence that the slogan 'speed kills' has concrete applicability. The disastrous effects of massive doses of 'speed' on the user's physical and mental health, appearance and behaviour either cause him to quit using the drug on his own initiative, or to be hospitalized for physical or mental breakdown, or to be arrested for delinquent behaviour, long before his drug habit has killed him.

Page 462, Paragraph 410

Multiple Drug Use. In the RCMP brief to the Commission, one of the contentions of the law enforcement authorities put forward in defence of their position to maintain the present legal status for cannabis is that it leads to the use of stronger drugs eventually leading the user to 'hard' drugs, such as heroin. This contention,

often referred to as the 'stepping-stone' theory, assumes the character of a contagion theory.

The RCMP drug law enforcement experts envisage this contagion operating in a multiple drug use context, and not merely as a simple direct progression from cannabis to heroin.

Page 463, Paragraph 410

The RCMP do not contend that drug progression occurs as a result of a kind of pharmacological action, but rather it is the result of exposure to, and involvement in, a drug sub-culture which encourages experimentation with drugs and search for new and increasingly potent drug experiences. The RCMP base the theory on a 'two-year study of this problem' from which they conclude:

> ". . . documented evidence proves indisputably that in many cases a transition to heroin does take place, but not necessarily directly and certainly not in every case. The transition is generally from marihuana to hashish to methamphetamine and LSD and then to the opiates."

We are not able to find either the documented evidence for this conclusion nor the study to which the Force alludes.

Page 464, Paragraph 411

Several hypotheses might be advanced to support the contention that—'use of one drug leads or predisposes an individual to experiment with others.' In the general view are among drug users, drugs and ranked in a hierarchy in increasing psychotropic potency and dangers, through the amphetamines to the opiate narcotics which are believed to be the most potent and dangerous. It is reasonable to believe that the notion of hierarchy attracts some individuals to work toward drugs higher on the scale.

Page 465, Paragraph 411

We also find it reasonable to think that the users of one drug might be led to the use of other drugs simply by their presence and use among their friends and their availability from the dealers they patronize.

Page 466, Paragraph 411

It is reasonable to be concerned that many younger drug users may experiment with a number of drugs because they lack knowledge of their dangers and may not be concerned with harmful but distant consequences.

We think too, that the presence of a drug fad in society encourages multiple drug use and recognize that in many groups there is probably a pressure on those who seek acceptance by the group to take part in drug experimentation.

OBSERVATION

Page 467, Paragraph 411

We feel we must take seriously the fact of multiple drug use and further investigate the contention of drug contagion or drug progression.

REASONING

Page 467, Paragraph 412

Various relationships between the use of drugs and criminal behaviour have been suggested to us, particularly, by the RCMP and the Solicitor General's department. It has been put to us by the RCMP that the use of drugs such as cannabis is or will be related to subsequent criminal activity. The Solicitor General's department had drawn our attention to the fact that a large number of convicted heroin addicts had records of non-drug criminal activity prior to their drug convictions. It has also been asserted that some crimes are committed by individuals while under the influence of drugs.

Page 469, Paragraph 412

We feel that at present there is a lack of adequate evidence to support the contention that the use of drugs under discussion lead significantly or generally to other forms of criminal activity with the exception of the heroin users' criminal behaviour to 'support his habit.'

OBSERVATION

Page 470, Paragraph 413

The Commission intends to investigate further the allegations of relationship between drug use and other criminal activity.

REASONING

Page 470, Paragraph 413

Extent & Patterns of Non-Medical Drug Use. At this time only general statements can be made about the extent of non-medical drug use in Canada. There can be no doubt that it is widespread. Clearly there has been growing interest in and use of the psychoactive drugs by the young and indeed by all ages.

Page 470, Paragraph 413

The Commission has gathered epidemiological information from a number of sources: governmental records, police statistics and estimates, various surveys of drug use among students and the informed and sensitive opinions of experts, drug users and distributors. While this information taken together gives the Commission some sense of the extent of the phenomenon it does not provide the basis for any detailed or specific epidemiological statements.

Page 470, Paragraph 413

A major research project is being carried out on behalf of the Commission. It is expected that the results of this study will provide a basis for more accurate estimates of the extent of drug use in Canada.

REASONING

Research, Information & Education

Page 480, Paragraph 416

The State of Research. Until recently research on certain of the psychotropic drugs, such as cannabis, has been impeded or discouraged by several factors: the lack of clearly established medical uses for the drug, the lack of previous widespread non-medical use in the Western World, the illegal character of the drugs and the reluctance of government agencies to authorize such research. Although it has been possible for governments, under the terms of the United Nations Single Convention on Narcotic Drugs, to authorize the possession of cannabis for medical or scientific purposes, there is reason to believe that such steps as have been taken nationally, and internationally, have not substantially encouraged such research. Public policy on this point would appear to have been heavily influenced by the attitude of law enforcement

authorities rather than by scientific advisors.

RECOMMENDATION

Page 485, Paragraph 420

The Role of the Federal Government in Relation to Research

We recommend that the Federal Government actively encourage research into the phenomenon of non-medical drug use, and in particular, research into the effects of psychotropic drugs and substances on humans. The Government should not only give its approval to such research, upon reasonable conditions, but should encourage, solicit and assist it with financial support in the form of research grants.

REASONING

Page 485, Paragraph 420

We reserve our opinion, for the present, as to the extent to which the federal government should itself carry out such research.

RECOMMENDATION

Page 486, Paragraph 420

It is recommended that the Federal Government make available to researchers, as soon as possible, standard preparations of cannabis and pure cannabinols. While cooperation with scientists and government authorities of other countries would clearly be advisable, it is recommended that Canada take the initiative to develop a separate and independent reserch program at this time. Under the present circumstances this calls for government controlled cultivation, production and standardization of cannabis and cannabinols in Canada.

It is further recommended that experimental investigation into the effects of cannabis on humans, as well as animal and basic chemical research, be encouraged and financially supported by the Federal Government immediately. Although a certain amount of this work might be conducted by government personnel, it is recommended that independent scientists (in university laboratories, for example) be significantly involved in the overall research effort. Applications to the Federal Government for research authorization should be evaluated by independent scientists as well as civil servants, and the basis for governmental decisions made public.

REASONING

Page 486, Paragraph 421

The Problem of Collecting and Exchanging Data. There is at present no national system for the collection and exchange of data on non-medical drug use. There is no coordinated approach to the problem of documentation. There is urgently needed some coordinating mechanism at the national level to collect data from all over the country. There is also a need for cooperation in the development of a uniform system of classification and indexing of information.

Page 487, Paragraph 422

The Need for an Evaluating and Authenticating Process. There is a need for a national system whereby information on non-medical drug use can be evaluated for scientific validity.

Page 488, Paragraph 424

The Need for Decentralized Analysis of Drug Samples. It is clear that the facilities of the Food & Drug Directorate in Ottawa cannot meet the requirements of the country for the analysis of drugs in non-medical use. It is hardly possible for the Directorate to meet the requirements of the RCMP for forensic chemical analysis.

Page 489, Paragraph 424

Several witnesses before the Commission proposed that the federal government support the establishment of local or regional drug analysis facilities for the purpose of providing timely information to all who may seek it.

It is feared by some that such facilities and information may encourage the use of drugs by advertising their availability and reducing dangers. It has been further suggested that distributors will take advantage of these facilities to have their products tested and, as it were, approved. Whatever force there may be in these arguments, they are outweighed, it would seem, by the necessity of a thorough and effective commit-

ment to know as much as possible about what is happening in non-medical drug use and to make such knowledge available for the benefit of those who may be prudent enough to be guided by it.

Page 492, Paragraph 426

The Roles of the Media

We recommend that the Federal Government keep the media as fully informed as possible of its own information about non-medical drug use.

REASONING

Page 491, Paragraph 426

In the initial phase of its inquiry the Commission heard conflicting opinion on the role and performance of the media in relation to the phenomenon of non-medical drug use. Some criticized the media for sensationalism and even for drawing undue attention to the subject.

Others commended the media for arousing public concern and helping to fill the information gap. There is no doubt that the media have an important role to play in reporting the news in as objective and balanced a manner as possible, and in providing a forum for the exchange of information and opinion.

Page 492, Paragraph 427

Drug Education. In the Commission's view, the notion of drug education implies more than a mere random conveying of information; it implies selection, system, purpose and perspective.

Clearly, the universal conviction that we need drug education implies some assumption as to purpose and effect. We believe that the purpose must be to provide the basis for informed and wise personal choice. The ultimate effect that we would hope for is reasonable control and even overall reduction in the non-medical use of drugs.

But in our opinion that effect is unlikely to be achieved by exhortation or propaganda, but rather by helping people to see where their real personal interest lies—in the long run. Drug education that is not based on a realistic view of human motivation is doomed to failure. We can no longer rely on the appeal to a sense of morality.

Page 495, Paragraph 427

The conclusion we draw from the testimony we have heard is that it is a grave error to indulge in deliberate distortion or exaggeration concerning the alleged dangers of a particular drug, or to base a program of drug education upon a strategy of fear.

Opinion differs as to whether drug education should be a separate course taught by specialists or whether it should be taught more pervasively as part of the general health and physical education programme. There appear to be two considerations to reconcile here: the need for some special training to give the regular teacher a sufficient background and competence; and the desirability of having the subject taught as an aspect of general education.

REASONING

Page 496, Paragraph 428

The Need for a Nationally Coordinated System of Information & Education. All of the above needs—research, evaluation, local data collection and dissemination and drug education—would appear to call for a coordinated system on a national scale. On the basis of the preliminary information the Commission received regarding a number of existing drug education programmes, it is evident that no national or regional coordination exists, although provincial and municipal governments, as well as a number of non-governmental institutions have devised programmes to provide drug education.

RECOMMENDATION

Page 497, Paragraph 428

We strongly recommend that the development of an appropriate system be given high priority as a matter of Federal-Provincial co-operation.

Page 500, Paragraph 428

We believe that the stimulation and coordination of research and the evaluation of data are best carried out by an independent agency that has no connections with the responsibility for law enforcement.

REASONING

Page 501, Paragraph 428

It is our impression that the intimate association of the law enforcement and scientific functions in the past has prejudiced research and the credibility of scientific performance. The government preoccupation with policy, heavily influenced by law enforcement considerations, makes it desirable that the scientific function be given an independent status.

The federal role with respect to drug education presents more complex issues. It is assumed that the information collected and evaluated at the national level would constitute the material to be put into suitable educational materials would require close federal-provincial consultation and cooperation because of the provincial responsibility for education.

Page 544, Paragraph 473

The Commission suggests that the medical profession, through its regional medical associations and licensing bodies, undertake immediate negotiations with provincial departments of health for the development of special facilities to treat the short term toxic effects of drug use.

The Commission also suggests that special care be taken in the recruitment and training of the personnel to staff these facilities.

RECOMMENDATION

Page 544, Paragraph 474

At this time the Commission makes the following recommendations with respect to these services based on the analysis in Appendix F:

1. That the Federal Government recognize the necessary and important role to be played by innovative services in communities across the country. Where possible, federal facilities should be made available to assist them in informing the public of their existence and of the services they are providing. They should enjoy the whole-hearted moral support and official recognition of the Federal Government.

Continued on p. 141

Continued from page 45

2. That the Federal Government examine, with the provinces, the possibility of providing more direct financial assistance to innovative services to meet the problems of funding discussed in Appendix F.

3. That the Federal Government, with the provinces, encourage the early establishment of joint coordinating committees to serve as intermediaries for the receipt and distribution of financial support for innovative services in the larger communities. These committees should be comprised of a representative membership drawn from the community agencies and individuals having a particular interest in the work of innovative services. Such committees could be given a discretionary 'reserve fund' to help with the financing activities of its member innovative services. The criteria governing the eligibility for such assistance would have to be the subject of discussions between the various services themselves and the appropriate levels of government.

4. That the Federal Government consult with the provinces and, through them, with the municipalities on matters of municipal zoning, public health regulations and police practices as they affect innovative services. It is further suggested that the municipalities in which innovative services are located examine their programs in detail and, once satisfied that they are providing a necessary service, do whatever is in their power to facilitate the operations of such services.

5. Noting the risks involved to the innovative services in sheltering runaway youngsters who are afraid to present themselves to other more formal institutions, the Federal Government should urge upon the provinces the need to examine the problems arising from the rigid interpretation and enforcement of existing child protection statutes.

6. As pointed out earlier, young people in need of medical or psychiatric treatment as a result of drug use are frequently afraid to avail themselves of existing facilities in their communities. Therefore, it is recommended that representatives of the medical profession, (including psychiatrists, and hospital emergency staffs), psychologists and other members of the counselling profession, establish some system of continuing consultation and assistance with the innovative services in their areas.

REASONING

Page 547, Paragraph 475

Street Clinics. A medically focussed innovative service which has grown out of new concepts of community medicine has involved the setting up of street clinics ('store front clinics', 'walk-in clinics').

Such facilities make it possible for anyone in a stressful situation and in need of immediate help to be seen without delay, and if indicated, to receive emergency medical treatment. If the treatment required surpasses the capacity of the street clinics, all necessary arrangements for immediate transfer to a more fully equipped hospital facility can then be expedited with a minimum of strain and confusion.

RECOMMENDATION

Page 548, Paragraph 475

The Commission recommends that the Federal Government examine with the provinces, the possibility of providing more direct financial assistance to such street clinics.

REASONING

Page 548, Paragraph 476

Physical Dependence. Treatment and cure are available from the medical profession for physical addiction resulting from the use of opiates, barbiturates, tranquilizers and alcohol. Although withdrawal from some of these drugs can sometimes carry with it serious dangers, it is in most cases possible to effect a satisfactory physical withdrawal from any of these drugs within two to six weeks.

Page 548, Paragraph 476

The major problems in this area appear to be:

a) Many individuals who are physically dependent on one of the

drugs mentioned above do not seek help for this problem.

b) Of those who do seek assistance for physical addiction, many are not sufficiently motivated to abstain from further excessive use. Thus, in a few weeks or months, they may again be physically dependent.

Page 517, Paragraph 448
In effect, while we feel the offence of simple possession should be retained on the statute book pending further investigation and analysis, which we hope to carry out in the ensuing year, its impact on the individual should be reduced as much as possible.

RECOMMENDATIONS

Page 521, Paragraph 455
At the same time the Commission is of the opinion that no one should be liable to imprisonment for simple possession of a psychotropic drug for non-medical purposes.
Accordingly, the Commission recommends as an interim measure, pending its final report, that the Narcotic Control Act and the Food and Drugs Act be amended to make the offence of simple possession under these acts punishable upon summary conviction by a fine not exceeding a reasonable amount. The Commission suggests a maximum fine of $100.00.
The Commission also recommends that the power conferred by Section 694(2) of the Criminal Code to impose imprisonment in default of payment of a fine should not be exerciseable in respect of offences of simple possession of psychotropic drugs. In such cases, the Crown should rely on civil proceedings to recover payment.

RECOMMENDATION

Page 544, Paragraph 480

Prescribing Practices & Controls
The Commission recommends that the Federal Government urge all provincial medical licensing bodies to implement such an education program for all practicing physicians.

REASONING

Page 553, Paragraph 479

Every physician could be required to record his medical license number, as well as the patient's Social Insurance number on all prescriptions he writes, thus rendering forgery more difficult and allowing positive identification by the authorities for record analysis. At the same time, every one presenting a physician's prescription might similarly be required to produce his Social Insurance number, which would then also be noted on the prescription itself.

RECOMMENDATION

Page 555, Paragraph 481

Over-The-Counter Drugs
The Commission recommends that a systematic study be undertaken of all over-the-counter drugs and that those found to be especially hazardous be dispensed only by prescription.

REASONING

Page 554, Paragraph 481

The Canadian Medical Association and the College of Pharmacists of the Province of Quebec both asked that measures be taken to restrict the dispensing of certain antihistamines, cough and cold remedies, analgesics, etc., to licensed pharmacists. It was noted that the prolonged excessive use of some analgesics (those containing phenacetin) is known to have resulted in kidney disease in some cases.

Amphetamines and Barbiturates

Page 526, Paragraph 458
At the present time, we advocate closer controls on the availability of these drugs, including controls on production, importation and prescription.

Marijuana or Cannabis

Page 531, Paragraph 464
For the following reasons we are not prepared at this time to recommend the legalization of cannabis:

(1) First, it is our impression that there has not yet been enough informed public debate. Certainly there has been much debate, but too often it has been based on hearsay, myth and ill-informed opinion about the effects of the drug. We hope that this report will assist in providing a basis for informed debate not only as to the effects, but as to other issues, including the extent to which science is capable of providing a basis for public policy decision on this question.

(2) There is a body of further scientific information, important for legislation, that can be gathered by short term research—for example, the effects of the drug at various dose levels on psychomotor skills, such as those used in driving.

(3) Further consideration should be given to what may be necessarily implied by legalization. Would a decision by the Government to assume responsibility for the quality control and distribution of cannabis imply, or be taken to imply, approval of its use and an assurance as to the absence of significant potential for harm?

(4) A decision on the merits of legalization can not be taken without further consideration of jurisdictional and technical questions involved in the control of quality and availability.

Page 535, Paragraph 467
Since cannabis is clearly not a narcotic (see Paragraph 147) we recommend that the control of cannabis be removed from the Narcotic Control Act and placed under the Food and Drugs Act.

Definition of Trafficking

Page 537, Paragraph 468
We further recommend that the definition of trafficking be amended so as to exclude the giving, without exchange of value, by one user to another of a quantity of cannabis which could reasonably be consumed on a single occasion. Such an act should be subject at most to the penalty for simple possession. ◄